

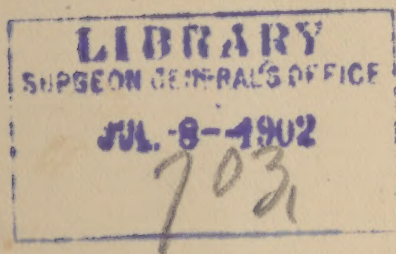
ROGERS (J. G.)

THE STATE AND ITS
INSANE.

BY JOS. G. ROGERS, M. D., PH. D.

Medical Superintendent Northern Indiana
Hospital for the Insane.

Read before the STATE CONFERENCE OF
CHARITIES AND CORRECTIONS, November 17,
1898, Indianapolis, Indiana.



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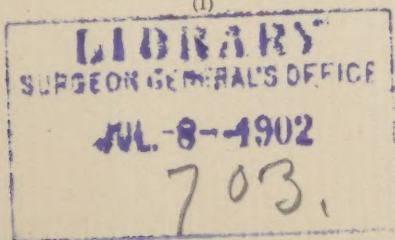
Medical Superintendent Northern Indiana Hospital for Insane.

FIFTEEN YEARS ago I presented a paper on this subject before the Indiana Social Science Association. Much then said may be properly said again, for, notwithstanding the lapse of time, relative conditions have not greatly changed, and principles are permanent.

At the beginning of this century there were but two institutions for the care of the insane in the United States—the Pennsylvania Hospital, in Philadelphia, and the asylum at Williamsburg, Virginia. The number of insane persons in this country was then unknown; now there are more than one hundred and ten thousand, and more than one hundred and fifty public hospitals devoted to the care of this class.

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In the State of Indiana in the year 1840 there were only two hundred and forty-one insane, the population being then about half a million, the ratio one in two thousand. In the year 1880, in a population of about two million, a just estimate, disregarding the census, which was imperfect, showed about twenty-five hundred insane, one in every eight hundred. Now (1898) the population of the State is 2,900,000, according to the Bureau of Statistics, and the number of insane 4,300, distributed as follows:

STATUS.	Central District.	Northern District.	Eastern District.	Southern District.	Total.
Enrolled in Hospital, September 30, 1898 ..	1,612	657	543	528	3,340
Committed, but not ad- mitted account lack of room, September 30, 1898.....	31	43	99	149	322
In county asylums, Au- gust 31, 1898	232	61	81	50	424
In county jails, Septem- ber 30, 1898	8	9	13	8	38

Perhaps one-third of the committed but not admitted appear in the above as inmates of county asylums; therefore the total of insane registered in the above ways should be reduced about one hundred, which leaves a net total of 4,014, not considering those at home or vagrant, of whom there is no record available, but who aggregate a very considerable number, safely 286, room for which should certainly be made in any estimate of the State's insane population, making the definite total 4,300; the ratio then is 1 to 675. In many counties it is a fixed rule to receive into the county asylums only such insane as are without necessary means of maintenance; therefore many of those awaiting admission to hospitals must be kept at home, and, if violent, are placed in jail, and very often unnecessarily. In this connection I will note the fact that this fashion is steadily increasing, and that it demands legislative limitation. The jail is no place for the sick in mind any more than for the sick in body, and no Sheriff should accept charge of such cases without legal commitment following criminal conduct. My judgment is that the present gross total of the State's insane

is closely about 4,300, or 1 to 675 of present population.

The statistics showing this rapid proportionate increase of mental disease must, however, be considered in the light of the facts—first, that when the State was new enumeration was much more imperfectly done than at present, and, second, that in newly settled territories the population is mainly composed of the sound and vigorous, because the tide of emigration leaves the refuse stranded on the older shores from whence it starts. In no part of this country can the sociologist find statistics sufficiently free from accidental error for accurate use in determining the actual increase of insanity in the world at large. Even in Great Britain, with its comparatively unvarying types of people and admirable methods of registration in use for many decades under the auspices of the Lunacy Commission, it is conceded that the increase is more apparent than real; therefore it is not to be assumed that within a period of sixty years the ratio of insane to population has increased from 1 in 2,000 to 1 in 675. That it does increase slowly, however, is

the verdict of the most careful analysis of available facts. That it will continue to increase is inevitable unless society wakes to the danger and defends itself by permanently assuming the care of all insane, and by enforcing rigid regulations for the ablation of the predisposing and exciting causes of mental defect. To perfectly achieve a millennium of mental health may never be possible, but vigorous efforts have been and must continue to be made towards this end. With the spread of sociological knowledge has grown up a demand for protective measures, not simply against the unreasoning violence of the madman, but against madness itself. The demand is not only that the victim of mental disease be humanely and scientifically cared for in proper hospitals, but that the germs and causes of the malady be rooted out of society. What legislation can do in this direction should be done promptly, but the onus of most important duty lies with the individual citizen in teaching wisdom by example as well as precept to all who lack it.

The prime requirements are, of course, the care of those who are now insane and the protec-

tion of society from the effects, present and future, of their acts. It is to this division of the subject that I wish to direct your attention.

The first step towards institution care of the insane in Indiana was a memorial to the Legislature in 1832. A favorable report was made, but nothing further was done till 1844, when Governor Bigger pressed the matter in his message, and Dr. W. S. S. Cornett, of the Senate, moved an amendment to the revenue bill, "That one cent on the hundred dollars be levied as a fund with which to erect a lunatic asylum," which was adopted. This levy produced \$12,000 during the year, and was continued. In 1848, \$50,000 having been expended towards the center and two wings of what is now the department for men of the Central Hospital, then called the Indiana Hospital for Insane, at Indianapolis, the institution was opened and forty patients were received into the south wing. The next year one hundred and four were admitted, as room was made ready. The census of 1850 gave the number of insane in the State to be over six hundred.

At that time there were thirty-two public and private asylums in the United States.

In 1851 the present Constitution of the State was adopted. In Article IX thereof are the words, "It shall be the duty of the General Assembly to provide by law for the treatment of the insane."

In 1855 the hospital had capacity for 225 inmates; in 1857, for 300. In April of this year, the Legislature having failed to provide means for maintenance, all the inmates (303) were sent back to their counties—some went into poor-houses, some into jails, and the remainder to their homes. Of the latter, many were kept in isolated cabins hastily erected for the purpose. Twenty were subsequently returned to the hospital and cared for at the expense of their counties. In October the State officers agreed to make extra legal provision of funds, and the hospital was reopened. In 1863 and '64 a similar condition obtained, but no inmates were discharged, and the general fund provided means without legislative warrant. Meantime there was no increase of capacity, notwithstanding repeated demands therefor on the Legislature from the authorities

in charge. According to the census of 1860 there were 1,035 insane persons in the State. In 1865 \$35,000, appropriated to erect buildings for the chronic insane, were applied to the construction of additions to the north wing of the hospital. In 1870 these additions were completed and opened for inmates. In the following five years the south wing was enlarged and the basement remodeled so as to make room altogether for 640 patients.

The chronic lack of accommodation still existed. In 1875 there were 2,000 insane in the State, and the care demanded by the Constitution of 1851 extended to only about one-fourth of them. In this year the Legislature made a vigorous effort to meet the situation and authorized the erection of the department for women. This was sufficiently completed to be occupied in part in 1879, thus raising the hospital capacity to 1,220. In the year following over 900 patients were admitted, largely from poorhouses and jails. That they needed State care was very plainly manifested to those in charge.

Notwithstanding the extent of the provision thus made, it was still inadequate. A careful

census made in 1882, by the writer, showed that there were then 658 insane in the poorhouses of seventy-five counties, besides seventeen not reporting and the home-kept and vagrant. In 1883 the completion of the new department for women, at Indianapolis, was authorized and promptly accomplished, which brought the total capacity for State care to 1428. The same General Assembly of 1883, under the stimulus of local demand, added to the still existing lack of sufficient accommodation for the chronic insane, made provision for three additional hospitals, one to be located in Vanderburgh County, near Evansville, the others according to the judgment of the commission in charge of the work. For these, Richmond and Logansport were eventually selected, and the construction commenced in 1884. In 1888 the Northern Hospital, at the latter place, was opened; in 1890 the others were ready to receive patients. Their capacities were: Northern, 366; Eastern, 418; Southern, 390; total, 1,189. The total hospital capacity of the State was then 2,617, and it was generally supposed that practical requirements had been met for many years to come.

But the new hospitals filled rapidly, and in 1892 were overcrowded beyond sanitary limits, thirty-two additional beds having been placed in the Northern Hospital, fifteen in the Eastern, and a number in the Southern, and the suspension of worthy and urgent applications for admission became a matter of constant occurrence in each of the three new districts for insane established by an act of 1889.

In the Central District, including forty-two counties, about half of the State, the Superintendent is required by law to make room for new and possibly curable cases by the discharge of harmless chronic and presumably incurable cases to their own counties, so that applications for admission need not be always suspended for lack of room, but, I am advised, often are. The many cases so discharged are accumulated in the county poorhouses, which is not in accordance with the provision of the State Constitution above referred to.

On the other hand, in the Southern, Eastern and Northern Districts for Insane, Superintendents are prohibited by law from discharging any

case still requiring custodial care. The effect has been, and is now, in the absence of sufficient room for all classes of insane in the State hospitals, that certain chronic and presumably incurable cases are relegated to the poorhouse to make room for the acute and curable in the Central District, while in the other districts named the incurables are retained in hospital, and new cases, even the most urgent, are admitted only as vacancies are made by death or recovery, meantime being kept under distressing conditions at home or in jails, or, if poor enough, in the county asylums. These were the conditions in 1892; they exist to-day. In view thereof, a small appropriation was made in 1893 for the Northern Hospital, by means of which its capacity was increased by 108 beds, bringing the total to 506. Again, in 1895, another addition of room for 84 inmates was made, making the total capacity 610, at which limit it now stands. During the same period, following an act of 1895, the Eastern Hospital was enlarged to its present capacity for 540 patients, and the Southern to 532. In the meantime, that of the Central has been raised to 1,506,

by crowding, making the present entire hospital capacity of the State 3,188.

The insane population of the State being 4,300 and the available room in hospitals being 3,188, 1,112 are left without provision of the sort intended by the State's Constitution. That a large number of these need custodial care is proven by the number of commitments in excess of capacity. The urgency of the need in many cases is fairly exemplified by a very recent instance in the Northern District, in which a delicate and refined woman was admitted to Longcliff after a week or more of unavoidable delay, during which she was in a common cell in a jail, nude, raving and uncontrolled. The worst feature of this chronic or recurrent lack of capacity is that but few cases can be promptly admitted, no matter how urgent, into the new hospitals, and only the very urgent can be received at any time.

The citizen may ask, "Can this be so, and, if so, why?" The answer is simple: The State has not provided and maintained permanently and progressively hospital capacity for its normal ratio of insane. Even the large provision

made fifteen years ago proved to be short of this ratio, and the additions made since have not kept pace with the growth of the State and its needs in this relation. When the State adopts permanently and progressively the policy of having ready at all times a hospital place for at least 1 out of every 650 of its people, the hospitals will be ready to properly and promptly care for all the State's insane, and not till then.

In this connection a startling statistical fact, and it is a fact, rises up before us and demands full consideration. The hospitals of the State admitted last year 1,000 *new* or recurrent cases of mental disease. This number indicates the annual *movement* of our insane population *into* the hospitals. Some die, about 30 per cent. recover so as to be discharged; the rest stay insane and must be cared for, often for many years. It is the growing accumulation of this, the chronic, class that forces the demand for more and more room annually.

Spasmodic, occasional provision will not suffice; the normal ratio must be maintained and ready before it is needed. Other and far poorer States

have done this always; common humanity demands it as a paramount duty. In proportionate extent of provision, excepting Maine, New Hampshire, Wisconsin and Tennessee, ours was in 1890 at the bottom of the list of States. This relation has greatly improved since then in all States. But why should not Indiana take place in the front rank in this as she has in so many other movements for the weal of her citizens? Is it because there are so few to cry out in behalf of those who cannot speak? Let the humane study and urge this need; let the press enlighten those who are fortunate and strong, and let the Legislature meet the full requirement, now and hereafter.

LONGCLIFF, near Logansport,
November 15, 1898.

